

2015 Medicare Advantage plans in Spokane County, Washington state

Data is current as of October 7, 2014

* Indicates plan does not offer Part D drug coverage.

★ Indicates a 5-star rated plan.

For most current information, please visit www.medicare.gov and click on "Find Health and Drug Plans."

Organization Name	Plan Name	Contract ID/ Plan ID	Type of Medicare Health Plan	Monthly Premium	Monthly Premium with Full Low Income Subsidy (LIS)	Annual Drug Deductible	In Network Office Visit/ Specialist Visit	Inpatient Hospital	Additional Benefits	In-network Maximum Out-of- Pocket (MOOP) Amount **
UnitedHealthcare 1-800-547-5514 www.aarpmedicareplans.com	AARP MedicareComplete Plan 1 (HMO)	H1286/002	Local HMO	\$29.00	\$1.80	\$180.00	\$10/\$45	\$395/day (Days 1 to 4)	V, H	\$ 5,500
	AARP MedicareComplete Essential (HMO)	H1286/003	Local HMO * (No Drugs)	\$0.00			\$10/\$45	\$395/day (Days 1 to 4)	V, H	\$ 5,500
	AARP MedicareComplete Plan 2 (HMO)	H1286/009	Local HMO	\$55.00	28.80	\$180.00	\$5/\$35	\$320/day (Days 1 to 5)	D, V, H	\$ 4,200
UnitedHealthcare 1-800-834-3721 www.UHCMedicareSolutions.com	UnitedHealthcare Dual Complete (HMO SNP)	H5008/002	Local HMO - SNP (Dual- Eligible)	\$25.80	\$0	\$320	\$0/\$20	\$0	D, V, H	N/A
	UnitedHealthcare Nursing Home Plan (HMO SNP)	H5008/001	Local HMO - SNP (Institutional)	\$25.50	\$0	\$320	\$0/\$0- 20%	\$0	D, V, H	N/A
Humana Health Plan, Inc. 1-800-833-2364 www.humana-medicare.com	Humana Community HMO (HMO)	H2012/039	Local HMO	\$0.00	\$0.00	\$320.00	\$5/\$40	\$295/day (Days 1 to 5)	D, V, H	\$ 5,400
	Humana Gold Plus H2012-093 (HMO)	H2012/093	Local HMO	\$63	\$42.30	\$320	\$10/\$40	\$315/day (Days 1 to 5)	D, V, H	\$ 6,700
	Humana Gold Plus SNP-DE H2012-095 (HMO SNP)	H2012/095	Local HMO - SNP (Dual- Eligible)	\$0	\$0	\$320	\$0/\$0	\$0	D, V, H	N/A
Asuris Northwest Health 1-888-369-3172 www.asuris.com/medicare	Asuris TruAdvantage Basic (PPO)	H5010/001	Local PPO * (No Drugs)	\$79.00			\$15/\$40	\$400/Day (Days 1 to 4)	D, V	\$ 3,400
	Asuris TruAdvantage + Rx Classic (PPO)	H5010/002	Local PPO	\$97	\$63.20	\$225	\$15/\$40	\$400/Day (Days 1 to 4)	D, V	\$ 3,400
	Asuris TruAdvantage + Rx Enhanced (PPO)	H5010/004	Local PPO	\$257.00	\$223.20	\$0.00	\$10/\$30	\$300/Day (Days 1 to 6)	D, V, H	\$ 2,500
Group Health Cooperative 1-800-446-8882 www.ghc.org/medicare	Group Health Cooperative Basic (HMO) ★	H5050/001	Local HMO * (No Drugs)	\$50.00			\$10/\$35	\$250/day (Days 1 to 4)	D, V, H	\$ 3,000
	Group Health Cooperative Columbia (HMO) ★	H5050/019	Local HMO	\$163.00	\$129.20	\$300.00	\$10/\$35	\$250/day (Days 1 to 4)	D, V, H	\$ 4,500
Molina Healthcare of Washington, Inc. 1-866-403-8293 www.molinahealthcare.com/medicare	Molina Medicare Options Plus (HMO SNP)	H5823/006	Local HMO - SNP (Dual- Eligible)	\$33.80	\$0	\$320	0%/0%	\$0	D, V	N/A

Community HealthFirst Medicare Advantage Plan 1-800-944-1247 www.healthfirst.chpw.org	Community HealthFirst MA Special Needs Plan (HMO SNP)	H5826/005	Local HMO - SNP (Dual- Eligible)	\$33.80	\$0	\$320.00	0%/0%	\$0	D, V	\$ 6,700
	Community HealthFirst MA Plan (HMO)	H5826/006	Local HMO * (No Drugs)	\$15.00			\$0/\$40	\$425/day (Days 1 to 5)	D, V	\$ 3,400
	Community HealthFirst MA Pharmacy Plan (HMO)	H5826/008	Local HMO	\$50.00	\$16.20	\$0.00	\$0/\$40	\$425/day (Days 1 to 5)	D, V	\$ 3,400
	Community HealthFirst MA Extra Plan (HMO)	H5826/010	Local HMO	\$12.10	\$0	\$0.00	\$10/\$50	\$420/day (Days 1 to 5)	V	\$ 3,400
Humana Insurance Company 1-800-833-2364 www.humana-medicare.com	HumanaChoice H6609-012 (PPO)	H6609/012	Local PPO * (No Drugs)	\$0.00			\$10/\$25	\$275/day (Days 1 to 5)	D, V	\$ 3,600
	HumanaChoice H6609-013 (PPO)	H6609/013	Local PPO	\$95.00	\$61.20	\$320.00	\$10/\$45	\$300/day (Days 1 to 5)	D, V	\$ 6,700
	HumanaChoice H6609-073 (PPO)	H6609/073	Local PPO	\$203.00	\$172.30	\$320.00	\$0/\$15	\$500 per stay	D, V	\$ 6,700
Premera Blue Cross Medicare Advantage 1-888-868-7767 www.premera.com	Premera Blue Cross Medicare Advantage (HMO)	H7245/001	Local HMO	\$0.00	\$0	\$0.00	\$15/\$50	\$430/day (Days 1 to 4)	N/A	\$ 6,700
	Premera Blue Cross Medicare Advantage (HMO-POS)	H7245/002	Local HMO	\$59.00	\$38.20	\$0.00	\$15/\$40	\$300/day (Days 1 to 5)	V, H	\$ 5,000
	Premera Blue Cross Medicare Advantage Plus (HMO)	H7245/003	Local HMO	\$110.00	\$78.70	\$0.00	\$10/\$40	\$300/Day (Days 1 to 6)	V	\$ 3,400
	Premera Blue Cross Medicare Advantage Plus (HMO-POS)	H7245/004	Local HMO	\$146.00	\$114.50	\$0.00	\$10/\$30	\$200/day (Days 1 to 7)	V, H	\$ 2,800

Key to types of Medicare Advantage plans

Local HMO: A Health Maintenance Organization is available in certain counties only. In most HMOs, the plan pays for care only with doctors, specialists, or hospitals on the plan's list - except in an emergency.

Local PPO: A Preferred Provider Organization available in certain counties only. In most PPOs, you pay less if you use doctors or hospitals, and other providers that belong to the network. For an added cost, you can use out-of-network doctors, hospitals, and other providers.

PFFS: A Private Fee-for-Service Plan. In a PFFS, you can go to any Medicare-approved doctor or hospital that accepts the plan's payment. When you need care, always check with your doctor to see if he or she participates in the plan.

HMO-POS: An HMO plan with a Point-of-Service plan option. An HMO-POS option pays for care with doctors, providers, and hospitals outside the plan for an added cost.

SNP: Medicare "Special Needs" Plans may limit all or most of their membership to people:

- ♦ In certain long-term care facilities (like a nursing home);
- ♦ Eligible for both Medicare and Medicaid; or
- ♦ With certain chronic or disabling conditions.

Need help?

For consumer tips before you buy a Medicare Advantage plan, call our Insurance Consumer Hotline at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

Key to Drug Benefit Type

Basic: These plans offer basic coverage with standard deductible, copays, and coverage gap.

Enhanced: These plans may have higher monthly premiums than basic plans and may offer added benefits, such as no deductible, lower copayments, or some coverage during the coverage gap.

Key to Abbreviations

D: Some dental coverage

H: Some hearing coverage

V: Some vision coverage

****MOOP:** Maximum Out of Pocket limit on enrollee spending that includes costs for all in-network Part A and Part B services.

NA: Not applicable